

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000013573

**Entity Name:** IMPRESSION IMAGING LLC

**Current Principal Place of Business:**

7180 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

**Current Mailing Address:**

7180 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

**FEI Number:** 45-4394576

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FAGIEN, MICHAEL DR.  
IMPRESSION IMAGING LLC  
7180 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MICHAEL FAGIEN, MD

01/26/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	FAGIEN, MICHAEL	Name	FAGIEN, ZAKIYA
Address	7180 N UNIVERSITY DRIVE	Address	7180 N UNIVERSITY DRIVE
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZAKIYA FAGIEN

MGR

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date